

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0-893014

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1	1			
4		1	1			
5		1	1			
6		1	1			
7		1	1			
8	1	1	1	1		
9	1	1	1	1		
10	1	1	1	1		
11	1	1	1	1		
12	1	1	1	1		
13	1	1	1	1		
14	1	1	1	1		
15	1					
16	1	1	1			
17	1	1	1			
18	1	1	1			
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25	1	1	1			
26	1	1	1			
27	0		1			
28			1			
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42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.		4	4			
TOTAL DEP.		24	24			
TOTAL CLAIMS		28	28			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		4	4			
TOTAL DEP.		24	24			
TOTAL CLAIMS		28	28			